



CITY OF FALLS CHURCH

AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I _____ of _____
(name) (address)

hereby authorize the City of Falls Church ("City"), to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking _____ Savings _____ account indicated below and the financial institution named below to credit (or debit) the same to such account.

FINANCIAL INSTITUTION NAME

CITY

STATE

TRANSIT/ROUTING NUMBER

BANK ACCOUNT NUMBER

5 DIGIT WATER ACCOUNT NUMBER

I understand that this authorization will be in effect until I notify my financial institution and the City in writing with at least 15 calendar days notice that I no longer desire this service. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

SIGNATURE

DATE

SOCIAL SECURITY NUMBER (OPTIONAL)